

ISSUE SLIP STAPLE AREA (for additional cross references)

09/8/6567

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	4C		6-12-01
CLP/E CLASSIFIER	4C		6-22-01
FORMALITY REVIEW	A.T	1031	08/11/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through number) Canceled
 + Restricted
 M Non-Descript
 I Insurance
 A Appeal
 O Objected

5-50T AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 actions
staple additional sheet here

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